(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2012 137 T
(Please type or print)	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: Kimberly Cooley	Telephone: 864-298-0025
Address: It Child's Haven, loc	Fax: 864-298-0045
1124 Rutherford Rd	Other: LucaRoachildshavened
breenville, SC 29609	Email: Kimberlyc @achildshaven
NOTE: The cover sheet and information contained herein neither replaces required by law. This form is required for use by the Public Services	
be filled out completely.	NY (Charle all that annie)
NATURE OF ACTIO	(Check an that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class B Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Letter Proposed Order Publisher's Affidavit Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 2012-137-T

(Mailing address; Post Office Drawer 11649, Columbia, SC 29211) 235950

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date:	3/30/2012
Application is hereby made for a Certificate of Public of S.C. Code Ann., § 58-23-10, et seq. (1976), and am		essity, in accordance with the provision
1124 Rutherford Rd. Street A		
Genville, SC 29609 Mailing Address of Appli	cant (if different from s	treet address)
864-298-0025- Phone	864-	298 · 0045
Phone		
Kimberlyc @ a chile	shaven.or	y
2. If the Applicant is an LLC or a corporation, a copy of Secretary of State and the Articles of Incorporation in Carolina Secretary of State "Foreign Corporation" Ce	ist be attached. (If inc	
3. Select Entity Type: (Check one)		
Individual Owner/Sole Proprietorship		
Partnership - List names and address of all per	_	in the business.
Corporation - List names and addresses of two		
Landra Jennings, President	, 65 Stonehai	ven Dr., Greenville, SC 29607
Leanne Jaskwhich, Treasurer,	112 Robinson -	St., breenville, SC 29609
, , , , , , , , , , , , , , , , , , ,		•
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Professional Control of the Control		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month <u>February</u> Year <u>2012</u>

Assets:	/
Cash	3,140,660.01
Receivables	217, 719, 15
Real Estate	682, 144.53
Buildings and Equipment (Net)	24, 640.74
Motor Vehicles (Net)	40, 203.31
Garage Equipment (Net)	, D
Machinery and Tools (Net)	-
Supplies on Hand	⇔
Prepaids and Other Assets	116,966.35
Total Assets *	116,966.35 4,222,354.09
Liabilities and Equity:	
Accounts Payable	23,650.16
Notes Payable	&
Mortgages Payable	O -
Equipment Obligations	↔
Accrued Salaries and Wages	13,041.00
Other Accrued Obligations	30,475 00
Other Liabilities	2,475.96
Total Liabilities	69,662.12
Capital Stock	-
Retained Earnings	4,152,671.97
Total Equity	4,152,671.97
Total Liabilities and Equity *	4, 222, 334. 09

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

#15.00 per / way trip

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marlon	Sumter
Anderson	Clarendon	Greenwood	Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	l·lorry	Nowberry	☐ York
Beaufort	Dillon	Jnsper	Conee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

1

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

1-7 Passengers, including driver
8-15 Passengers, including driver

WHEEL. CHAIR MAKE VIN# YEAR & MODEL **EMPTY WEIGHT** LIFT hemlet 2002 16BAG 31 VX31207296 4359 TVC AV 1GB431 V 3511 631 90 BU 2005 سما1/ homolet 16B NG31V331167398 VN 4356 Chevrolit 100 2003 Thorrolet. 16B02BBA7B1102412 7082 2011 Bu 20 120 Chomolit TVC 16BH 631 R521174791 4300 2002

INSURANCE QUOTE

This form MIST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:		
. 1	Thild's Haven	
	Name of Applicant	
112 Post wind P.	and Alexander	SC 29609
112 KUTRINGTON KO	Address of Applicant	76 2700)
Amount of Premium:	••	
lability Insurance \$		
,	/2	
he above quoted premium is for a term of - Minimum Limits - Bodily injury and prope		Ang .
than the following:	cars naturage minus with not no i	Limits Quoted
Liability Combined Bach Occurance	\$ 1,000,000	1,000.000
Medical Payments per Person	\$ 1,000	5,000
Phil	clephia Angurane	e Company
231 St Oooph's Road	o Office Address of Company	la Cynuyd, PA 19004-095
m familiar with the Commission's Rules and sets the minimum insurance limits prescribed with Carolina Department of Insurance to do	d. The insurance company mak	
		Digitally (igned by Brandee Montemayor
. Bṛanc	dee Montemayor	DN: crail/tradee Montemapur, on Philadelphila Insurance Companies, eur Commercial Lines Underwitter B., amail-broomtemapor ephtylmucom, Entit painy 2012-2013-2012-201500

NOTICE

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-oredit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.woc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

	A	Child's	Haven			
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_	<u> 3C </u>	2177887 J.S.D.O.T No.				
	ľ	J.S.D.O.T No.			ICC No.	
١.	Is there currently a	an <u>y</u> outstanding judg X No	gments against th	e Applicant?		
	If Yes, indicate no	ature of judgement(s	s) against applica	inti		
		•				
2.	carrier operations statutes and regula	in South South Caro				erning for-hire motor nce with these
	Yes	O No				
3,	Is Applicant aware	of the Commission	's insurance requ	irements and the	insurance premium	costs associated
	Yes	O No				

Exhibit on Driver Qualifications

1.	CPR (Certificate or its equiv	alen	ers must possess at least a current American Red Cross Standard First Aid and t, and records that verify/record such training must be kept on file at the business within South Carolina.
	×	Yes	0	No
2.	Appli	cant understands that	drive	ers must be in compliance with all OSHA regulations.
	×	Yes	0	No
3.				ers must be trained in the use of all vehicle installed safety equipment such as re extinguishers, and other equipment as outlined in PSC Regulations.
	×	Yes	0	No
4,		cant understands that disabilities, including		ers must be able to physically perform actions necessary to assist persons elchair users.
	ಠ	Yes	0	No
5 .				ers must wear a professional uniform and photo identification badge that ne company for whom the driver works.
	×	Yes	0	No
6.	of safe		erlfy	ers must complete twelve (12) hours of in-service training annually in the area //record such training must be kept on file at the company's primary place of
	ØÅ.	Ÿes	0	No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

SWORN TO BEFORE ME

This 29/4 day of

20/2

Notary Public

Commission Expires

THE STATE OF SOUTH CAROLINA

EXECUTIVE DEPARTMENT

By the Secretary of State

Whereas,

Eva P. Hunt, Beyerly Brookshire, P. Eleine Pavna, Jana M. Mitchell, Pamels Williams King, Toni Sycks, Cathy Cookman, John E. Fraeman, Carl E. Lendsster, Lillian N. Simpson, Angels L. Polk

A majority of the Board of Directors of

A CHILD'S HAVEN, INC.

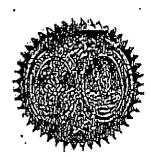
a corporation created ander and pursuant to the laws of South Caroline, by Cariffocts based by the Secretary of State on the 30th day of May .A.D. 19 89.

. HAVE CERTIFIED, over their signatures, Resolutions authorizing in behalf of the aforesaid

Corporation The purpose for which the Corporation is organized are exclusively charitable and adventional within the meaning of Section 501-C-3 of the IRS code of 1986. Notwithstanding any other provision of these articles, this organization shall not carry on any activities not parmitted to be carried on by an organization exempt from Federal Capitalized Income Tex under Section 501-C-3 under IRC of 1986. Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501-C-3 of the IRC of 1986 or connesponding section of any future tex code, or shall be distributed to the Federal, State, or local government for a public purpose, Any such assets, not so disposed of by the Court of Common Pleas of the County in which the principal offfice by the Corporation is then located, for such purposes.

(authorized and set forth in the certificate aforesaid), which Resolutions were adopted pursuant to law, at a mosting of the members of the aforesaid Corporation, of which five days' notice was given, which notice stated the purpose of the aforesaid meeting, and further, that said Resolutions were adopted by a majority vote, and that in all respects there has been compiled with the provisions of Title 33, Chapter 31 Code of Laws of South Caroline 1976, and all amaginments thereto.

NOW, THEREFORE, I. John T. Campbell Scarstary of State, by virtue of the authority in me vested by Chapter aloremid, of the Code of Laws of South Carolina, 1976, and amendments thereto, do hereby certify that the requirements of law for said amendment have been compiled with, and for good and sufficient ressons to me appearing, do hereby certify that the charter of the aloresaid Company has been so amended.



CIVEN under my hand and the seel of the State at Columbia,
this 27th day of April
In the year of our Lord One Thousand nine hundred and 90
and in the two hundred and 14th
year of the Independence of the United States of Americs.

Jan T. Carnethell

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March 29, 2012

To Whom It May Concern,

Thank you for the opportunity to submit our application for an ORS certificate for Class C Non-emergency. We are requesting that our application be expedited to receive approval at the nearest date feasible. A Child's Haven is providing non-emergency medical transportation through Logisticare LLC, the state broker for this service. We have just recently been notified that we are required to obtain an ORS number for this service and we are working diligently to ensure that we meet all requirements.

Our buses have been in operation providing this service and have passed Logisticare and state inspections this past month as well as in 2011. Our transportation serves young children ages two years to five years old who attend A Child's Haven therapeutic child treatment program for developmentally delayed, abused and neglected children, ages 2-5, and their families in Greenville County.

Our families are poor, under-educated and socially isolated. Our children are recipients of Medicaid and most receive food stamps. Their parents and caregivers are faced with financial instability, including but not limited to unemployment, substance abuse, mental health issues, domestic violence, and child maltreatment. Many of our families are transient, moving numerous times throughout the duration of services. This instability within the living environment further exacerbates the challenges our children face.

Your prompt and attentive response to this request is greatly appreciated.

Sincerely,

Kimberly Cooley

Interim Executive Director

Lisa Ryan

Early Education Director

Attached: ORS application



A Charterod Allihate of Provent Child Abose South Carolina